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*To ensure access to high-quality,  
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collaboration with community and  
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February 14, 2014

TO: Each Supervisor

FROM: *HW* Mitchell H. Katz, M.D.  
Director of Health Services

SUBJECT: **HEALTH, MENTAL HEALTH, SUBSTANCE USE  
DISORDER, AND BENEFITS ESTABLISHMENT  
SERVICES FOR CLIENTS SERVED BY  
DEPARTMENT OF HEALTH SERVICES SUPPORTIVE  
HOUSING PROGRAMS**

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS), in coordination with the Chief Executive Officer, to submit a plan to the Board within 30 days developed collaboratively with the Departments of Mental Health (DMH), Public Health (DPH), and Public Social Services (DPSS) for the provision of integrated health, mental health, substance use disorder, and benefits establishment services to the various clients as needed for the DHS supportive housing program. The plan should identify the composition of clients to be housed including: the projected number of clients; levels of mental health, substance use disorder, and health services; and amount and source of funding required to sustain the necessary service programs for the various clients.

## BACKGROUND

In November 2012, DHS established the Housing for Health (HFH) division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

Permanent supportive housing is decent, safe, and affordable community based housing linked to a flexible array of support services that provides homeless people with housing stability, improved health status, and greater levels of independence and economic security.

HFH utilizes the full range of community based housing options including non-profit owned supportive housing, affordable housing, master lease buildings, scattered site housing, and private market housing. To date, the majority of HFH clients have been housed using Housing Authority Section 8 vouchers and Project Based Vouchers. On January 14, 2014, the Board approved an agreement for a Flexible Housing Subsidy Pool Operator who will provide a rental subsidy for

homeless DHS patients who are not able to obtain traditional Housing Authority rental subsidies.

All individuals who are housed through HFH programs are assigned to a homeless services provider to receive intensive case management services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health. DHS currently contracts with Homeless Health Care Los Angeles, Housing Works, and Skid Row Housing Trust to provide ICMS services in permanent supportive housing and also partners with L.A. Family Housing, Lamp Community, and PATH for the provision of these services.

#### **COMPOSITION AND NUMBER OF CLIENTS TO BE HOUSED**

HFH clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services. To date, HFH has provided permanent supportive housing for 281 homeless DHS patients.

Sixty-nine percent (69%) of the clients housed to date are male and 31% are female. Forty-six (46%) of clients are ages 50-59, 21% are ages 60 and above, 20% are ages 40-49, 10% are ages 30-39, and 3% are ages 18-29.

The majority of clients have health care coverage. Ninety-two percent (92%) have Medi-Cal (55% have Medi-Cal and 37% had Healthy Way LA and were transitioned to Medi-Cal on January 1, 2014), 3% have Medi-Cal/Medicare, 2% have Medicare, and 1% have other insurance.

Sixty percent (60%) of the clients have received DMH services and 25% have an active/open DMH case. Nine percent (9%) received substance use disorder treatment services in the last year from DPH Substance Abuse Prevention and Control contracted providers.

Common diagnoses for HFH clients are hypertension, diabetes, congestive heart failure, heart disease, asthma, cancer, HIV/AIDS, hepatitis C, lung disease, depression, bipolar, and post-traumatic stress disorder.

The majority of HFH clients are chronically homeless (83%), which means they have been homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

Most of the clients housed were referred by a DHS hospital (85%) followed by the DHS Ambulatory Care Network (12%) and Community Partners (3%).



The four year housing goals for HFH are as follows:

Year	2014	2015	2016	2017
Number of Homeless People Housed (cumulative)	300	600	1200	2400

## SERVICE INTEGRATION

All clients in HFH permanent supportive housing projects are DHS patients and have an assigned ICMS provider. All case management services are mobile and provided at the location where the client is housed. Health, mental health, and substance use disorder services are provided in a way that is flexible to accommodate different types of permanent supportive housing projects. Larger project-based permanent supportive housing projects often have dedicated space for on-site health, mental health, and/or substance use disorder services. Scattered site projects typically link clients to services that are conveniently located in the surrounding community.

Whether project based or scattered site, it is a key role of the ICMS provider to ensure that HFH clients are linked to and accessing health, mental health, and substance use disorder services as needed. ICMS providers assist clients with appointment scheduling, transportation, maintaining their medication regimen, and with urgent access to care if the client is experiencing an urgent health, mental health or substance use issue. Another critical role of the ICMS provider is to assist clients with obtaining any health and income benefits that they may be eligible for. During the client intake and assessment process the ICMS provider obtains information on the client's health and income benefits. If the client appears to be eligible for a benefit they are not currently receiving the ICMS provider will assist them with obtaining any necessary documents and completing and tracking applications for DPSS Services (CalFresh, Medi-Cal, General Relief, CalWORKs, and In Home Supportive Services) and Supplemental Security Income.

DHS, DMH, DPH, and DPSS are planning to further enhance and support the work of the ICMS providers through the following efforts:

- Provide onsite integrated DHS, DMH and DPH services at larger project-based supportive housing projects where there a sufficient number of mutual clients to be able to provide cost effective and efficient services. DHS, DMH, and DPH are reviewing the pipeline of permanent supportive housing projects to identify potential projects for onsite integrated services.
- Empanel (enroll) 1,600 DHS patients who have experienced homelessness at the Star Clinic, which will provide a Patient Centered Medical Home with integrated services. The Star Clinic is located on the ground floor of the Star



Apartments, which is a project-based permanent supportive housing development in the Skid Row area that provides housing to 100 DHS homeless patients. The DHS-operated Star Clinic is estimated to open in mid-2014 and will provide primary care, podiatry, wound care, other specialty care, and behavioral health services. The Star Clinic will provide a medical home to tenants living in the building, to HFH clients living in other supportive housing projects, and to other DHS patients who are homeless/formerly homeless. Star Clinic staff will work directly with DMH and DPH to ensure that patients needing a higher level of mental health and substance use disorder services are linked to those services and that they are coordinated with their medical home.

- Provide standardized training to ICMS providers on how to educate clients on the benefits of integrated services and how to select health plans and medical homes that have integrated services. With the expansion of Medi-Cal on January 1, 2014, most HFH clients are Medi-Cal recipients or Medi-Cal eligible. Many HFH clients were HWLA members and on January 1st they transitioned to a Medi-Cal health plan that allowed them to stay with their medical home. New Medi-Cal enrollees must select a health plan (LA Care or Health Net) and primary care provider or they will be assigned through a default algorithm.
- Provide standardized training to ICMS providers on how to effectively assist clients with accessing DMH, DPH, and DPSS services. DMH will provide training on how to navigate the DMH system of care including how to use Service Area Navigators to ensure continuity of care with existing providers and to refer new clients for mental health assessments and services. DPH will provide training on how to use the Screening, Brief Intervention, and Referral to Treatment (SBIRT) substance use disorder screening tool which will allow ICMS providers to provide an immediate and brief intervention for low risk clients and coordination with a Community Assessment Service Center (CASC) for assessment and treatment for high risk clients. DPSS will provide training on how to use Your Benefits Now (YBN) to apply for Medi-Cal, Cal Fresh, and CalWORKS and to view current benefit status. DPSS will also provide a point of contact at each DPSS office who will serve as an advocate liaison for the HFH ICMS provider assisting HFH clients.
- With client consent, provide ICMS providers with timely access to information on whether a client receives services from DMH or DPH and the location of those services. This will allow ICMS providers to support continuity of care between clients and their service providers.

## **AMOUNT AND SOURCE OF FUNDING FOR SUPPORTIVE SERVICES**

The majority of HFH clients are Medi-Cal eligible and it is anticipated that Medi-Cal will cover the health, mental health, and substance use disorder services used by these clients. Beginning January 1, 2014, the Affordable Care Act (ACA) requires the federal government to pay 100% of the reimbursement for the Medi-Cal expansion population. The federal government will pay 100% of the reimbursement through January 1, 2017 and thereafter will pay at least 90% of the reimbursement. The State's share of

reimbursement will be up to 10% after January 1, 2017. Clients who are not Medi-Cal eligible will still be able to receive health services from DHS and Community Partners.

ICMS are provided by homeless services providers who use their existing resources and by homeless services providers who have a work order agreement with DHS to provide ICMS services pursuant to the DHS Supportive Housing Services Master Agreement. The source of funds for contracted ICMS services is DHS County General Fund dollars. The estimated cost for contracted ICMS services in Fiscal Year 2013-14 is \$1.3 million.

## **NEXT STEPS**

CEO, DHS, DMH, DPH, DPSS, and the Community Development Commission (CDC) have been meeting regularly respond to the June 11, 2013 Board of Supervisors motion to develop recommendations to reprogram unspent Homeless Prevention Initiative funds and ensure that 90% of the recommended reprogrammed funds go to fund permanent supportive housing efforts. In addition, the departments are working together to respond to the November 12, 2013 Board motion directing the departments to implement the proposed recommendations and establish a single adult model of care. A report, including a detailed implementation plan, will be submitted to the Board in March 2014. The departments will continue to meet regularly to implement the single adult model and to increase service coordination and integration for all supportive housing clients.

As directed by the Board, DHS will provide quarterly reports on the DHS supportive housing program including number and composition of clients housed; integration of health, mental health, and substance use disorder services; benefits establishment; utilization of rental subsidies; number of clients transitioning off rental subsidies; housing inventory; etc. The target date for the first quarterly report is April 18, 2014, and will cover January through March 2014.

If you have any questions, please contact me or Mark Ghaly, Director of Community Health, at (213) 240-7702.

MHK:MG:CT

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Department of Mental Health  
Department of Public Health  
Department of Public Social Services